

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT ROAD INDIANAPOLIS, IN46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00088042.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00085791 completed on 2/25/11.</p> <p>Complaint IN00088042 - Substantiated. Federal/state deficiencies related to the allegation are cited at F441.</p> <p>Survey dates: April 19 & 20, 2011</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Survey team: Debora Barth, RN</p> <p>Census bed type: SNF/NF: 69 Total: 69</p> <p>Census payor type: Medicare: 9 Medicaid: 54 Other: 6 Total: 69</p> <p>Sample: 15</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0441	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/25/11 by Suzanne Williams, RN</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p>						

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SS=D	<p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to assure the infection control policies and procedures were followed during 3 of 3 observations of dressing changes to wounds by licensed staff, for 3 of 15 sampled residents. (Resident AG, AX, S) (RN # 1, RN # 2, LPN #3)</p> <p>Findings include:</p> <p>1. LPN # 3 was observed on 4/20/11 doing a dressing change between 10:00 a.m. and 10:30 a.m. for Resident AG. The resident had a wound vac dressing to a healing Stage IV pressure area on her left hip. The LPN washed her hands and donned clean gloves, and she positioned the resident on her right side with Unit Manager # 2 assisting the resident into position. The LPN then unfastened the brief and removed the old dressing from the wound. The LPN placed a clean towel over the wound and left the bedside to remove her gloves and wash her hands. The LPN then donned a clean pair of gloves, returned to the bedside, folded the towel back to expose the wound, cleaned the wound, dried the wound, then replaced the same, now contaminated, towel over the wound, tenting the towel.</p>			F0441	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after 5/4/11.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A. In regard to residents AG, AX, and S, all nurses were inserviced on proper and appropriate wound dressing technique and hand washing technique. All nurses have performed a minimum of one (1) return demonstration of a clean wound dressing change. All staff (including all ancillary departments) has been inserviced on proper hand washing technique and has performed a minimum of one (1) return demonstration of proper hand washing. All nurses have been given a copy of the facility's policy on dressing changes and all staff has been given a copy of the facility's policy on hand washing. Residents AG, AX, and S's wounds were monitored for signs and symptoms of</p>		05/04/2011

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	<p>The LPN completed the dressing change without any other breaks in technique. The wound bed was beefy red with bloody drainage and appeared to be healing.</p> <p>The clinical record for Resident AG was reviewed on 4/20/11 at 10:30 a.m. The resident had diagnoses which included, but were not limited to: osteomyelitis of the bone on the left hip, diabetes, depression, malnutrition, and schizoaffective disorder. She had been admitted to the facility with the Stage IV wound and the wound vac dressing. Review of the pressure wound skin evaluation report indicated the resident's wound had healed from a Stage IV measuring 6 centimeters (cm) by 6 cm and 2 cm deep, to measuring 5.5 cm by 3 cm by 1 cm deep on 4/18/11. Physician orders, dated 3/9/11, indicated the resident had been treated with Vancomycin for 10 days to treat the infected bone. She had been treated with another intravenous antibiotic, Invanz, from 4/1/11 to 4/14/11.</p> <p>2. RN # 2 was observed on 4/20/11 at 9:30 a.m. She completed a dressing change to the left buttock on Resident AX. The wound was a repeating Stage II on the resident. The nurse washed her hands and removed the dressing from the wound. She removed the gloves, used alcohol disinfectant on her hands, and</p>				<p>decline.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents with wounds have the potential to be affected. No other residents were identified. Nurses working at facility were in-serviced on proper aseptic hand washing technique and wound dressing changes on 4/20/11.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: All staff (including all ancillary departments) has been inserviced on proper hand washing technique and has performed a minimum of one (1) return demonstration of proper hand washing. DNS/ designee will observe the charge nurses perform 2 X weekly dressing changes X 4 weeks, then monthly X 2. Random hand washing demonstrations will be conducted 2 X weekly X 4 weeks, then monthly X 2. Infection control CQI will be completed weekly X 4, monthly X 2, and quarterly thereafter.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p>		

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	<p>donned another pair of gloves. She then opened a package of gauze, then opened the container of normal saline solution, wet the gauze and cleansed the wound. She opened another package of gauze, wet it with the solution, and washed the wound again. She then opened a third package of gauze and patted the wound dry. Each time she had to open a package, she had to allow the wound to again come in contact with the skin of the opposite buttock. She also touched each package with both hands, not being able to keep either hand clean. She completed the dressing change without further incident of breaking technique. She removed her gloves and proceeded to the restroom to wash her hands. She completed the handwashing, but then turned off the faucet with her hands while they were still wet.</p> <p>The clinical record for Resident AX was reviewed on 4/20/11 at 11:30 a.m. The resident had diagnoses which included, but were not limited to: high blood pressure and a history of a stroke. The Stage II wound was first documented on the pressure wound skin evaluation report on 3/7/11. It had been identified as a Stage II wound measuring 1 centimeter (cm) by 2 cm by 1 cm. The wound measured, on 4/18/11, 1 cm by 1 cm by 1 cm. The resident had not received any</p>				<p>DNS will monitor completion of audits. ED/Designee will review all audits as completed. All audits and proficiencies will be reviewed in the monthly CQI meeting for review and follow up.</p> <p>Compliance date: 5/4/ 11</p>		

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	antibiotics since the wound had opened. 3. RN # 1 was observed for a dressing change to a left foot wound between the toes on Resident S. The dressing change was completed on 4/20/11 at 9:00 a.m. The RN washed her hands, donned gloves and removed the old dressing from the resident's foot. She then opened a multidose 50 milliliter (ml) bottle of normal saline. She then opened a package of gauze. She placed the gauze on the top of the saline bottle, turned the bottle upside down and wet the gauze. She used this gauze to wash the open area. She then wet the gauze again and washed the area again in the same manner. She then opened a package of clean gauze, placed on top of the saline bottle, tipped the bottle upside down and wet the gauze. She once more washed the open area. She then opened a package of clean gauze and patted the open area dry. She now used alcohol disinfectant and cleansed her hands after removing the gloves. She applied clean gloves, opened the tube of bacitracin ointment, opened the cotton-tipped applicator, placed the applicator on the top of the tube of ointment, and squeezed ointment onto the applicator. While holding the applicator in one hand, she replaced the applicator screw lid and replaced it in the plastic pharmacy bag. She then applied the						

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	<p>bacitracin to the open area and covered it with a folded gauze. She continued the dressing change without any further breaks of infection control.</p> <p>The clinical record for Resident S was reviewed on 4/20/11 at 1 p.m. The resident had diagnoses which included, but were not limited to: diabetes, high blood pressure and sleep apnea. The resident had not received an antibiotic since the area had been found on 4/13/11. The area had been measured at 1.4 centimeters (cm) by 0.1 cm by less than 0.1 cm when it was found. The area had last been measured on 4/18/11 and now measured 1.2 by 0.1 cm by no depth.</p> <p>4. The observations were discussed with each nurse and unit manager at the time of the observation.</p> <p>Interview with the Director of Nursing (DoN) on 4/20/11 at 11:30 a.m. indicated there had been a mandatory infection control inservice on 4/18/11. All the nurses had been present.</p> <p>The infection control nurse presented documentation of an infection control rate of 2.05 % during the month of March, 2011. She also presented documentation of trending of 5 residents who contracted nosocomial infections.</p>						

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	<p>5. The policy for Dressing change, dated 1 2010, indicated the following: "...4. Set up clean or sterile field to ensure easy access to supplies during treatment;... 7. Remove old dressing from resident's skin and place (drop) directly in trash receptacle; 8. Remove gloves and decontaminate hands by washing or using alcohol gel; 9. DON new gloves; 10> Cleanse wound according to the physician order: Wipe only one time if manually cleansing a wound, do not reuse a soiled wipe such as a DSD (dry sterile dressing) repeatedly once you have made a pass through a contaminated area. This may require the nurse to have several wipes available in order to cleanse the wound safely. 11. Remove gloves and decontaminate hands by washing or using alcohol gel...."</p> <p>The policy for handwashing, dated 1/2010, indicated the following: "...3. When washing hands with soap and water, wet hands first with water, apply soap and rub hands together vigorously for at least 20 seconds (Centers for Disease Control [CDC], 2010) covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet...."</p>						

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	This federal tag relates to Complaint IN00088042. 3.1-18(b)						